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ONE HUNDRED NINTH CONGRESS

# Congress of the United States

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June 10, 2005

Honorable Michael O. Leavitt  
Secretary  
Department of Health and Human Services  
200 Independence Avenue  
Washington, DC 20201

Dear Mr. Secretary:

It has been reported that the U.S. Department of Health and Human Services is trying to block the addition of safe and effective abortion medications to the World Health Organization Model List of Essential Medicines. In the interest of maternal health across the developing world, I urge you to immediately cease any such efforts.

In poor countries, limited access to safe and effective methods of birth control along with a dearth of safe abortion services drive 18.5 million women a year to seek unsafe abortions.<sup>1</sup> Most of these women are married with families and want only to limit family size or to space their births.<sup>2</sup> An estimated 68,000 women die of complications from unsafe abortion annually, and almost all of these deaths are in the developing world.<sup>3</sup> Many more women become infertile as a result of unsafe abortions.<sup>4</sup>

These maternal deaths are nearly all preventable. According to WHO, in the developing world, abortion performed professionally in safe conditions is as much as several hundred times

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<sup>1</sup> UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, *Prevention of Unsafe Abortion* (online at [www.who.int/reproductive-health/unsafe\\_abortion/index.html](http://www.who.int/reproductive-health/unsafe_abortion/index.html)).

<sup>2</sup> World Health Organization, *Unsafe Abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000, 4<sup>th</sup> Edition* (2004) (online at [www.who.int/reproductive-health/publications/unsafe\\_abortion\\_estimates\\_04/estimates.pdf](http://www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/estimates.pdf)).

<sup>3</sup> UNDP/UNFPA/WHO/World Bank, *Prevention of Unsafe Abortion*, *supra* note 1.

<sup>4</sup> World Health Organization, *Unsafe Abortion*, *supra* note 2.

safer than abortion that is not.<sup>5</sup> In addition, abortion can be induced early in the first trimester with a simple medical regimen. The combination of two medications, mifepristone and misoprostol, has been used by millions of women around the world, including in the United States, with low rates of serious adverse effects.<sup>6</sup>

A key step in expanding access to mifepristone and misoprostol in those developing countries where abortion is legal is inclusion in the WHO's Model List of Essential Medicines. This is the list of key drugs that WHO recommends that all countries stock for essential medical treatment and that is relied upon by developing nations and donors. In January 2005, a WHO expert reviewed 39 clinical trials and concluded that the administration of mifepristone and misoprostol in the first nine weeks of pregnancy is safe and effective.<sup>7</sup> She concluded, "One way of reducing the number of unsafe procedures is to increase safe choices for pregnancy termination ... Medical methods offer a safe treatment alternative."<sup>8</sup> Based on this review, in March 2005, WHO's Expert Committee on the Selection and Use of Essential Medicines unanimously recommended that the regimen be added to the organization's Model List of Essential Medicines for medical abortion in the first nine weeks of pregnancy, under specialist supervision.<sup>9</sup> Yet three months later, no final decision has emerged from WHO.

It appears that this delay may be due to interference by the Bush Administration. On April 21, *The Guardian* reported that the U.S. Department of Health and Human Services was lobbying the office of the WHO Director General to keep the drugs off of the list.<sup>10</sup>

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<sup>5</sup> *Id.*

<sup>6</sup> Geneva Foundation for Medical Education and Research, *Application for Inclusion of mifepristone combined with misoprostol for first trimester (until 9 weeks) medical abortion in the WHO Model List of Essential Medicines* (Oct. 21, 2004) (online at [www.who.int/medicines/organization/par/edl/expcom14/mifepristone/1\\_GFMER\\_application\\_mifepristoneAndmisoprostol\\_web.pdf](http://www.who.int/medicines/organization/par/edl/expcom14/mifepristone/1_GFMER_application_mifepristoneAndmisoprostol_web.pdf)).

<sup>7</sup> Lenita Wannmacher, *Review: Application for Inclusion of Mifepristone and Misoprostol in the 14<sup>th</sup> WHO Model List of Essential Medicines* (Jan. 14, 2005) (online at [www.who.int/medicines/organization/par/edl/expcom14/mifepristone/mifepristone\\_misoprostol\\_shortReview\\_ECM\\_v1.pdf](http://www.who.int/medicines/organization/par/edl/expcom14/mifepristone/mifepristone_misoprostol_shortReview_ECM_v1.pdf)).

<sup>8</sup> *Id.*

<sup>9</sup> *U.S. accused of trying to block abortion pills*, *The Guardian* (Apr. 21, 2005).

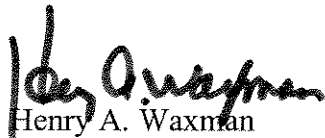
<sup>10</sup> *Id.*

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I hope that this is not the case. Domestic debates about abortion rights occur against a backdrop of a modern healthcare system. In the developing world, access to mifepristone and misoprostol can keep thousands of women from undergoing unsafe abortions. These drugs will save women's lives, while preserving the potential for future healthy pregnancies. I believe that the vast majority of Americans would support such a science-based public health response to the tragedy of 68,000 maternal deaths a year.

I urge you to refrain from any efforts to interfere with WHO's actions on these drugs.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry A. Waxman". The signature is stylized with a large initial "H" and a cursive "A".

Henry A. Waxman  
Ranking Minority Member